LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

Kimberly A. Foster
Executive Director

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **May 19, 2008**, in room 739 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)
Carol O. Biondi
Patricia Curry
Ann Franzen
Helen A. Kleinberg
Dr. La-Doris McClaney
Steven M. Olivas
Tina Pedersen
Martha Trevino Powell
Sandra Rudnick
Stacey Savelle
Adelina Sorkin
Trula J. Worthy-Clayton
Dr. Harriette F. Williams

COMMISSIONERS ABSENT (Excused/Unexcused)
Susan F. Friedman
Rev. Cecil L. Murray

APPROVAL OF AGENDA
The agenda for the May 19, 2008, meeting was unanimously approved.

APPROVAL OF MINUTES
The minutes of the May 5, 2008, meeting were unanimously approved as amended.

With regard to the motion approved following the wraparound program presentation, **Commissioner Curry moved that the Commission make a written request to the Probation Department for its review and analysis of information on its wraparound participants. Commissioner Biondi seconded the motion, and it was unanimously approved.**

CHAIR'S REPORT

- Chair Sorkin distributed a set of governance recommendations that will be considered by the Children's Planning Council at its meeting on May 21. One reduces the number of Council seats to 45, although the Commission for Children and Families would retain its membership under the new configuration.

- The Department of Mental Health has asked the Commission to serve as one of 60 focus groups providing feedback on the Mental Health Services Act's prevention and early intervention component, and Commissioners will vote June 2 on this request. Focus groups will be two hours in duration and led by a professional facilitator. If the Commission chooses to participate, it will need to dedicate one of its regular July meetings to this process or select an additional date. A Department of Mental Health representative will attend on June 2 to clarify questions prior to the vote.

- Chair Sorkin introduced new Commissioner Steven M. Olivas, whose appointment completes the Commission's 15-member roster for the first time in several years. Commissioner Olivas is an attorney currently serving as policy director for homeland security and public safety for City of Los Angeles Mayor Antonio Villaraigosa. He expressed his pleasure at being part of the Commission's work.

- Following his move to Casey Family Programs in late 2006, former Department of Children and Family Services director David Sanders—at the request of the Board of Supervisors, through a Board motion—submitted comments to Los Angeles County's Chief Executive Officer on the county's recent administrative reorganization, making suggestions for adjustments that would more efficiently serve children's and families' interests, which cut across many county departments. (DCFS and the Probation Department, for example, dually supervise many children, but are organized into two different clusters whose work tends not to be integrated.)

  Because little reaction to Dr. Sanders's report has surfaced since the Chief Executive Office received it last December, Commissioner Curry proposed that the Commission form a small ad hoc committee to study his report and develop recommendations to the Board of Supervisors that focus on his recommendations and their relationship to outcomes for children and families. She suggested that the deputy chief executive officers heading each of the county's five service clusters be invited to participate, along with representatives from the Children's Planning Council and the Education Coordinating Council, which have similar concerns about the county's administrative structure.

A portion of the structural changes now being tested by the county will appear on the November ballot for a countywide vote, and Commissioner Curry urged that the work of the committee be done as quickly as possible so its input can inform decisions prior to that time. Chair Sorkin agreed to form an ad hoc committee with the proposed charge, with Commissioner Curry serving as chair.

DIRECTOR'S REPORT

The proposed state budget released by the governor last Wednesday dashed hopes that an anticipated 11.4 percent cut to child welfare services would be lessened. DCFS director Trish Ploehn said that the county is now planning for a potential reduction of $25 million to the DCFS budget, as well as a significant impact to CalWORKs and other Department of Public Social Services programs. Although the state budget is not expected to be formally approved until September or October, cuts could be made retroactive to July 1.

However much Ms. Ploehn wishes to avoid it, a $25 million reduction will inevitably affect direct services to children and families, plus the staff who provide those services. DCFS management is currently combing departmental expenses line by line, identifying all discretionary items and earmarking contracts, programs, and staff items for curtailment. Also being proposed are rate cuts that may affect the ability of some out-of-home care providers to stay in business—10 percent for group homes, state-licensed foster homes, and relative caregivers (all of which received a 5 percent rate increase only this past January) and 5 percent for foster family agencies. Cuts in Kin-GAP (the Kinship Guardian Assistance Payments program) and in clothing allowances for foster children are expected as well, as are cuts in Medi-Cal administration that will affect staff items in both DCFS and DPSS. Perhaps most disturbingly, the state subsidy of $2,500 per month for every DCFS child placed in a community treatment facility is being eliminated, and provider agencies have said that without these funds, they will be forced to take private-pay patients only. That will present a very difficult situation for the approximately 50 hardest-to-place DCFS children currently living in community treatment facilities.

Advocates, including the statewide Child Welfare Directors Association, are trying to persuade policy-makers that these cuts are not cost-effective, and that saving pennies today will mean expending many dollars in the future. Los Angeles County is making the case that, as a Title IV-E waiver county, it should not be subject to these budgetary cuts, but that argument is not expected to be successful. Cuts will affect the waiver, but reinvestable savings from last year should keep waiver projects going through 2008.

Ms. Ploehn is working with the Board of Supervisors to identify other revenues and possible ways to share costs with other county departments that have not been hit so hard. "The decisions, if we are forced to make them," she said, "will be painful. We will do whatever we can to keep the child and family at the center of our focus."

Commissioner Curry expressed outrage at the cuts being proposed to community treatment facility placement funds. Now that Metropolitan State Hospital no longer has beds for minors and MacLaren Children's Center is closed, these very high-need children have nowhere to go except back into the juvenile justice system and then to jail. That is not

acceptable, she said, and the Board of Supervisors has promised in the past that it would not happen. She recommended that the Commission send a letter of protest to the governor, and find out how the Board intends to handle the situation if these cuts are implemented. Chair Sorkin promised that a letter would appear on the next meeting's agenda, drafted in consultation with Ms. Ploehn. (By law, the Commission cannot take a position contrary to the county's, which is currently being worked out.)

Vice Chair Worthy-Clayton asked about the budget for the Commission itself, which is included in the overall DCFS budget. All expenses not required by regulation, policy, or law are on the table, Ms. Ploehn said, but because the Commission is concerned with all children in the county—and has lately widened its focus to probation youth and to preventing children from entering the system in the first place—she is exploring with the Chief Executive Office the possibility of sharing Commission costs with other departmental budgets. She encouraged Chair Sorkin and staff to look at where the Commission might decrease expenses to meet the 11.4 percent across-the-board goal.

Commissioner Curry recommended that the Commission be involved with reviewing and participating in DCFS budget decisions, and Commissioner Olivas agreed. He suggested working from assumptions that are based on a worst-case scenario, getting a sense early on of management's thinking and decisions that need to be made. More detail will be available over the next few weeks, Ms. Ploehn said, as cluster meetings continue.

PSYCHOTROPIC MEDICATION

DCFS medical director Dr. Charles Sophy introduced Dr. Roderick Shaner from the Department of Mental Health, who explained those departments' mutual, collaborative mission to ensure that children under the jurisdiction of the dependency court receive appropriate protection and treatment, which sometimes includes psychotropic medication. For over 10 years, DMH has been responsible for reviewing medications given in group homes and other community settings and informing the court about the appropriateness of medication requests and changes.

The child psychiatrists, pediatricians, and general practitioners who treat DCFS children are private doctors who bill Medi-Cal for these services. Once they assess youngsters and determine the need for new or changed medication, they complete a psychotropic medication authorization form that is sent to the DMH bureau at the children's court. DMH staff review each form and judge whether the prescription being recommended is consistent with the child's diagnosis, other medications he or she might be taking, and other known issues for the specific youngster. Sometimes more investigation is needed, and DMH staff occasionally examine a child. When a prescription is approved, that approval is transmitted to the court, which then orders the medication.

A vast amount of information about medication has been collected over the years, but its utility has been severely limited by the use of the low-tech paper authorization form. Following media reports in 2007 that featured former group-home residents talking about their less-than-ideal experiences with psychotropic drugs, the Board of Supervisors asked departments to examine patterns of medication prescriptions. Data from the authorization

forms was entered into a common database, allowing staff to break out information by site, age group, practitioner, and so on. Identifying patterns of concern is not easy, however, since individual children are all so different. A group meets quarterly to look at the data, and during this first year has concentrated its scrutiny on youth taking multiple psychotropic medications—often as many as four, and sometimes five or six. Joint investigations with DCFS are now being done on some of these children, who are more likely to live in larger care settings than at home with their families or in small settings.

The psychotropic medication authorization form was ahead of its time originally, Dr. Shaner said, but the future holds changes. The Judicial Council recently developed a new form to be used throughout California, and DMH is deciding how to adapt this form and the accompanying procedures for Los Angeles County. The collaboration between DCFS and DMH has been very beneficial for children, and is providing a more nuanced way for judges to be informed about the effects of psychotropic medications.

Commissioner Biondi asked how drugs are bought or if incentives exist to use one in particular—Seroquel, for example, seems particularly prevalent—and if drug companies are researching medications' effects on children as well as adults. Almost all children placed in group settings are enrolled in Medi-Cal, which reimburses for medications, Dr. Shaner said, and county dollars are used for uninsured children. (Of the $130 million in medication prescribed every year, only $35 million comes directly from Los Angeles County.) The Medi-Cal formulary, which lists the drugs the program will pay for, is quite broad in California, with no 'fail-first' rule that requires one drug to be proven ineffective before payment for another is authorized. The Federal Food and Drug Administration has directed companies to look at research on drug effects in young people, but Seroquel and other anti-psychotics are commonly used in youngsters with the same indications as adults. Though their use is not necessarily FDA-approved, Dr. Sophy added, anti-psychotics can control aggression even when there is no psychosis. This can lead to medicating children rather than providing a higher level of care, and DCFS is in the process of drilling down to specific cases to re-evaluate them.

Last Friday, Dr. Sophy submitted to Judge Michael Nash of the juvenile court a proposal for monitoring medications differently. The recommended protocols would apply to all new prescriptions and would mandate an in-depth review of the drug's efficacy after three weeks, rather than the longer period now required, that would involve parents, caregivers, teachers, and other collateral contacts, as well as the youth themselves if they are old enough to participate. (Commissioner Rudnick suggested a physical examination of the children as well, to assure that the medication is not causing them to gain weight or fall asleep during the day.) Many people are engaged in the process of developing these protocols, and much feedback is being sought.

Commissioner Powell's school experience persuaded her that many children are overly medicated, but as long as they are not acting out in the classroom, no one seems disturbed by that. When medication is used to compensate for a bad placement, Dr. Sophy said, the child should not be simply sedated—the disconnect must be addressed. Educating the

community is also important, he said, so teachers and caregivers understand that all hyperactivity, for instance, does not stem from a mental disorder requiring medication.

Medication has been a major problem for some time, Commissioner Kleinberg said, with many foster youth feeling that they are being drugged to the point that they cannot function. Who makes the initial judgment about moving to medication, and what happens if youth refuse to comply? Who can they call with their concerns, when most social workers know little about psychotropics? Every DCFS office has a D rate team, Dr. Sophy said, that includes a children's social worker with a mental health license—a psychologist, a licensed clinical social worker, or a certified marriage and family therapist—who knows the language of the system and can connect with the medical caseworker. At present, Dr. Sophy's staff regularly examines DMH information on children in a D rate team's geographic region, and delves deeper if inconsistencies appear, like lags in doctor visits or lab work. D rate teams may then talk to the child's worker, meet with the family, phone the prescribing doctor, or explore other ways to support the child. Because of their background, they know when questions need to be asked. Every caregiver with a child on psychotropic medication should know who their D rate worker is, Dr. Sophy said.

With regard to starting medication, DCFS must both trust and monitor its medical providers, who are all private practitioners not employed by or contracted through DMH, although DMH credentials them and makes sure they have licenses. Children need competent workups and assessments, Dr. Shaner added, and when psychiatrists have access to the best tools and medications, youngsters will have the greatest success. If roadblocks prevent practitioners from giving good care, though, fewer will be willing to serve this population. Dr. Sophy spends a lot of time on the phone with community doctors asking about their thinking in specific cases and exploring possible alternate therapies. When doctors are approached in a collegial way, he said, they are usually cooperative.

The initial authorization form also asks what kind of alternate therapies are part of the child's treatment plan—individual or group counseling, family therapy, behavioral therapy, and so on. If medication is the only therapy listed, that is a red flag for staff to ask the caregiver about additional services. Monitoring group homes and other settings to make sure that caregivers are administering prescribed drugs and checking on their effects is also a concern, and Dr. Sophy would like to see that tracking incorporated into the performance measures called for by contract and made part of the provider's grading process. Too often, Commissioner McClaney said, administrators can be lackadaisical about keeping track of medications, taking blood pressure, and making sure that lab work is up to date. A caseworker can count the pills left in a bottle, but building specific procedures into contract language would be beneficial.

Commissioner Kleinberg's questions further illustrate the need for new protocols in which youth may speak on their own behalf, Dr. Sophy said. (Younger children are evaluated in key areas of life such as sleep, learning, social interactions, eating, and so on.) On the proposed psychotropic medication follow-up questionnaire for children's

social workers that was distributed, Vice Chair Savelle suggested adding a field for youth to sign, indicating their participation in the process, and Dr. Sophy agreed.

Prescriptions have increased in every type of setting over the last decade, Dr. Shaner said, but the bulk of DCFS children receiving psychotropic medications are adolescents—a time of life in which many psychiatric problems become more severe. In general, children on multiple medications tend to be age 10 to 12 or older, with a history of seven or eight placements. The most common path to multiple medications is one drug proving ineffective and another one being tried, but doctors may also take a 'shotgun' approach to trying several things at once. If a prescription authorization request is submitted for more than one medication at a time, Dr. Sophy said, it is scrutinized very carefully.

Sometimes, however, medication simply doesn't work. Knowing where to draw the line can be difficult, and programs, prescribers, and youth themselves all feel pressure to keep trying rather than send the youth to a higher level of care. The long-term goal at DMH is to develop some clear guidelines for this process.

Commissioner Curry raised the lack of communication that existed at MacLaren Children's Center, where DCFS, DMH, the Department of Health Services, and the Los Angeles County Office of Education all had staff on the same campus, but no dialogue took place between the DHS and DMH doctors prescribing medications for the youth placed there. How can interactions with nonpsychotropic drugs or medical conditions be monitored? Can funds from the Mental Health Services Act be used to develop an electronic system? Unfortunately, MHSA funds are not available, Dr. Sophy said, but court pediatrician Dr. Michael Weinraub regularly gives the court his opinion on medications working in concert, and Dr. Sophy makes sure that connections are made if contraindications exist. Within the next year, he hopes that the mHUB system will allow nurses to complete health and safety passports for all DCFS children. He is also working with the Internal Services Department on connecting the Department of Health Services and the Probation Department into the mHUB system, and DMH is in the process of building a new information technology system—due to be up and running in a couple of years—that will have standardized connectivity with other systems. Many challenges exist to making this system fully functional, including its high price tag and the fact that private practitioners do not have easy access to databases.

In the interests of time, Dr. Sophy was asked to present his piece on Regional Centers at a future meeting.

ADOPTIONS

Timelines for achieving finalized adoptions have decreased over the past several years, adoptions head Diane Wagner said, partly as a result of the concurrent planning redesign that was piloted in five DCFS offices in 2005 and rolled out to full implementation in 2007. Concurrent planning calls for the immediate development of an alternate permanent plan for children placed in out-of-home care in case they cannot be reunified with their families. A concurrent planning assessment is done after four months in care, and if adoption is chosen as the permanency option for that child, a home study is begun. The

recently consolidated home study—interviews, references, criminal background checks, etc.—screens all families wishing either to foster or to adopt children through DCFS, licensing them to do so through the state of California. Social workers perform the home studies that are then approved or denied by supervisors, and periodic quality-assurance reviews take place at the assistant regional administrator level.

In 2004, children achieved finalized adoptions after an average of 53.6 months in care, while in 2007 that figure had dropped to 41.5 months. (Children in concurrent planning averaged 36 months in care, while children not in concurrent planning averaged 46 months.) Although the numbers of finalized adoptions have remained flat at between 2,000 and 2,100 per year, the numbers of children in out-of-home care have decreased, so the proportion of adoptions is rising.

Approximately 55 percent of children were adopted by relatives, and they spent the least amount of time in care—an average of 38.6 months. About 31 percent of children were adopted by their foster parents after an average of 45 months in care. Unattached or 'stranger' adoptions accounted for the remaining 14 percent, with children averaging 49 months in care. Nearly half (49 percent) of adopted children were age four or under at the time of finalization; 30 percent were ages five to nine, 13 percent were ages 10 to 13, and 14 percent were age 14 and over. Adoption for older children is a focus for DCFS, with its Permanency Partners Program (P3) doing family finding and engagement, a state grant in place for the Older Youth Adoption Project (children age nine and above), and permanency units in the Pomona and Metro North offices under the Title IV-E waiver.

Once an adoption is finalized, DCFS cannot legally monitor children in their adoptive homes, and can intervene only after a referral for possible abuse or neglect, or if families themselves ask for assistance. Staff ensure that families are aware of available post-adoption services, which include help with adoption assistance payments, referrals to community agencies, and access to birth-family information when it can be released. Special issues confront adopted children and their families, and eight contract agencies with experienced staff offer group and individual therapy, mentoring, support groups, and linkages for tutoring and child care in 12 locations throughout Los Angeles County.

At present, adoption is the plan for about 6,600 children, although some percentage of those will be reunified with their families. Delays that lengthen a child's time in out-of-home care can include court extensions of family reunification services if the family is making progress, and appeals of the termination of parental rights. Over 400 of these appeals are now pending, many of which are based on provisions in the Indian Child Welfare Act. As families approach the termination of their parental rights, Ms. Wagner said, they sometimes realize their American Indian heritage, which triggers ICWA regulations that require tribal notification and other time-consuming processes. Children who spend the longest time in out-of-home care are generally older, sometimes having gone as far as being freed for adoption and matched with a family, only to have that situation disrupted, triggering a return to the system.

Chair Sorkin asked about safeguards in completing home studies, citing news reports of two children recently abused in an adoptive home. DCFS staff want to complete home studies as soon as possible, Ms. Wagner said, but not at the cost of overlooking issues. They rely on references and the applicants themselves for much information, and if issues do not surface, staff may remain unaware of them. It is rare for a social worker to miss danger signs, but it can happen. The quality-assurance review looks at all denied home studies, and will analyze approved home studies more frequently now, too. A training is planned in June to refresh workers on the home study process.

Probation's Lisa Campbell Mouton said that she would be happy to return to give a fuller report than time allowed today. The placement permanency and quality assurance division of the Probation Department finalized its first adoption in March 2006, the first probation department in the nation—and probably the world—to be involved in adoption. Three more legally freed probation youth, including 16-year-old twins, are currently ready for adoption after having committed a crime and crossing over from the dependency side, and Ms. Mouton's division is working closely with DCFS.

According to Commissioner Kleinberg, the success of family reunification has reached a plateau that she believes is due at least in part to not addressing the role of drug and alcohol abuse within families. She would like to see more work on identifying substance abuse treatment resources, and more information on how the department deals with relapses and other issues in the family reunification process. She suggested a focus over a number of Commission meetings on this topic, perhaps inviting Dr. Sophy to return.

FOSTER CARE PROJECT

Jeannette Mann is the director of the Foster Care Project at All Saints Church in Pasadena, an entity that has worked for the past five years with 18 agencies (including DCFS and Probation) to recruit volunteers who enhance the lives of foster, homeless, transitional, and incarcerated children and youth. In 2007, 89 volunteers—including 22 mentors—worked on events that included introducing children to churches with the hope of locating adoptive families. Its advocacy arm opposes the governor's proposed cuts to child welfare, and has collected 500 letters to legislators over the past two Sundays.

Kim Miles is assistant dean of scholarships and financial aid at Pasadena City College, which participates in Youth Empowerment Strategies for Success (YESS), a comprehensive program sponsored by the Foundation for California Community Colleges that unites community partners and academic leaders to empower foster youth to successfully transition into independent living. The Los Angeles branch of YESS works in collaboration with DCFS and is hosted on community college campuses throughout the area, providing former foster youth tutoring, 30 hours of life-skills training, and peer mentoring services that encourage assertiveness, self-empowerment, and independent thinking. Ms. Miles works with foster care and kinship education programs to prepare youth for college, assisting with admissions applications and financial aid, and working with coordinators to ensure student success.

Although most foster youth start their higher education at community colleges, many campuses are unaware of their presence and have few resources to help them. Responding to this, the California Community Colleges Chancellor's Office this year began a statewide outreach and retention effort known as the Foster Youth Success Initiative. A recent conference hosted by Pasadena City College had strong participation from DCFS and Probation, with an afternoon panel featuring managers from both departments.

The transition to college can be a difficult one for foster youth, and getting them enrolled is only the beginning. Last year at Pasadena City College, between 35 and 38 students received Chafee grants (identifying them as former foster youth), but only five stayed in school through the end of the fall semester. That spurred Ms. Miles to recruit interns from Cal State Los Angeles for an intensive retention program that ultimately involved finding jobs and housing for students and providing concentrated and exhaustive support. This year, of the 70 former foster youth attending the college, 37 made it through the end of the fall semester, completing at least six units. Without the funding for those extra interns—obtained from the Foundation for California Community Colleges by a Pasadena City College staff member who is herself a former foster youth—that success would not have been possible.

The YESS program video that Ms. Miles brought unfortunately did not function, but Chair Sorkin will make her copy available in the Commission office, and encouraged Commissioners to view it.

PUBLIC COMMENT

- Michelle Barritt from the Education Coordinating Council distributed a flyer and information on the June 25 resource fair at The California Endowment for DCFS and Probation youth, caregivers, and staff who work with them.

- Debra Reid, who asked for information at the Commission's April 21 meeting on the DCFS Prevention Initiative Demonstration Project in SPA 8, said that she received the report she requested but remains confused about whether or not subcontractors have formal memoranda of understanding with the SPA 8 lead agency, South Bay Center for Counseling. (Lead agencies are required to subcontract at least 35 percent of project funds, and Ms. Ploehn will find out if their applications list specific agencies.) Ms. Reid would like copies of any MOUs that are in place, since monies should be disbursed starting next month. Chair Sorkin offered to introduce Ms. Reid to the South Bay Center's director at the Children's Planning Council meeting this Wednesday.

MEETING ADJOURNED